A. The following charges are imposed on the categorically needy for services:

Service	Type of Charge: Deduct.	Coins.	Copay.	Amount/Basis for Determination
Pharmacy Services			X	$1.00 per prescription for prescriptions having a usual and customary charge of $29.99 or less.
			X	$2.00 per prescription for prescriptions having a usual and customary charge of $30.00 or more.
Outpatient Services			X	$3.00 per day per hospital. Copayment is maximum amount allowed based on average state payment of $56.69 per outpatient claim (as of 6/91).
Inpatient Services			X	$50.00 per admission. Copayment is less that maximum allowed based on average FY '91 per diem rate of $526.32.
Dental Services			X	$3.00 per provider per date of service. Copayment is maximum amount allowed based on average state payment of $77.33 per claim (as of 5/96).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

B. The method used to collect cost sharing charges for categorically needy individuals:

/X/ Providers are responsible for collecting the cost sharing charges from individuals.

/_/ The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Pursuant to Section 1916 (c) of the Act, the State permits the provider, in the absence of knowledge or indications to the contrary, to accept the Medicaid recipient's assertion that he or she is unable to pay.

STATE PLAN UNDER TITLE OF THE SOCIAL SECURITY ACT

State: Vermont

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The co-payment is deducted from the Medicaid payment unless the provider indicates an excluded category as contained in 42 CFR 447.53(b) on the claim form.

Vermont implements and enforces the federally required exclusions from co-payment by programming edits into the claims processing system which check each claim for entries in date of birth, address, diagnosis, procedure code, emergency, and family planning indicator fields. Claims lacking information in any of these fields are denied. Correctly completed claims are edited against the copayment exclusion information in the system to determine whether or not a copayment is required.

E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.